

State of Alaska
Department of Health & Social Services
Division of Longevity Programs

Please return your completed application to:
Division of Longevity Programs
Alaska Senior Assistance Program
PO Box 110690
Juneau, AK 99811

Alaska Senior Assistance Program

Alaska Residents who are age 65 or older may receive a monthly payment of \$120 through June 2004 if they are financially needy. The information below must be completed before we can determine your eligibility for these monthly payments. We need this information for you and your spouse, if he or she is living with you, even if your spouse is under the age of 65.

1. Are you applying for yourself and your spouse? ☐ Yes ☐ No

2. Applicant Information

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	
Do you intend to remain an Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen or Legal Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mail Address (Street or PO Box)	City	State	Zip Code
Residence Address (If different from above)	City	State	Zip Code
Phone Number	Message Phone		

3. Spouse Information

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	
Do you intend to remain an Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen or Legal Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Liquid Assets. Liquid assets are cash or other resources that you and your spouse own that can easily be converted to cash. Liquid assets include: cash, money in the bank, stocks, bonds, retirement savings accounts, money market certificates, cash value of life insurance, etc.

4A. If you live with your spouse, do you and your spouse have liquid assets of more than 6,000?

☐ Yes ☐ No ☐ Does Not Apply

If you answered yes, stop here. You are not eligible for a payment.

4B. If you do not live with your spouse, do you have liquid assets of more than \$4,000?

☐ Yes ☐ No ☐ Does Not Apply

If you answered yes, stop here. You are not eligible for a payment.

Income. Income is any money that you or your spouse receives that can be used to meet your needs for food, clothing, or shelter. Income includes, but is not limited to: wages and other earnings, annuity payments, pension or retirement payments, disability benefits, veteran's benefits, Social Security payments, Supplemental Security Income (SSI), Adult Public Assistance, alimony, Native corporation payments, dividends, interest earnings, etc. Do **not** include money from the Alaska Permanent Fund Dividend.

5A. If you live with your spouse, do you and your spouse have gross annual income (before any deductions) of more than \$20,439?

☐ Yes ☐ No ☐ Does Not Apply

If you answered yes, stop here. You are not eligible for a payment.

5B. If you do not live with your spouse, do you have gross annual income (before any deductions) of more than \$15,134?

☐ Yes ☐ No ☐ Does Not Apply

If you answered yes, stop here. You are not eligible for a payment.

Rights and Responsibilities. I understand that:

- I have a right to request a fair hearing if I do not agree with the decision made on this application. I can make a request for a fair hearing by phone, in writing, or in person to any Division of Public Assistance office.
- I must report changes in state residency, residence address, mailing address, or the death of a household member within ten (10) days.

Authorized Representative. I have asked this person to help with my application.

Name of Person

Phone/Message Number

Statement of Truth. I certify that I have checked the information on this application and that it is a true and complete statement of facts according to my best knowledge and belief.

Signature of Applicant or Authorized Representative

Date

Signature of Spouse

Date

Please call the Division of Longevity Programs at 465-5734 if you have questions about the Alaska Senior Assistance Program.